

*Landscape of Plan  
Options in  
**Hawaii**  
2007*

**Medicare**<sub>Rx</sub>  
Prescription Drug Coverage

# Medicare Advantage Cost Plans and Demonstrations

1-800-MEDICARE  
TTY 1-877-486-2048  
[www.medicare.gov](http://www.medicare.gov)



## Hawaii 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Hawaii	AlohaCare	AlohaCare Advantage (H5969-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Hawaii	Health Net	Health Net Pearl Option 3 (H5996-005)	PFFS *	\$0.00					
Hawaii	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	\$79.00					
Hawaii	HMSA's 65C Plus	65C Plus Basic Option (H1251-001)	Cost *	\$74.85					
Hawaii	HMSA's 65C Plus	65C Plus High Option (H1251-002)	Cost *	\$86.80					
Hawaii	HMSA's 65C Plus	65C Plus Basic Option SRx (H1251-003)	Cost	\$103.75	\$28.90	\$265	Basic		•
Hawaii	HMSA's 65C Plus	65C Plus High Option SRx (H1251-004)	Cost	\$115.70	\$28.90	\$265	Basic		•
Hawaii	HMSA's 65C Plus	65C Plus Basic Option ERx (H1251-007)	Cost	\$165.35	\$90.50	\$0	Enhanced	All Formulary Drugs	•
Hawaii	HMSA's 65C Plus	65C Plus High Option ERx (H1251-008)	Cost	\$177.30	\$90.50	\$0	Enhanced	All Formulary Drugs	•
Hawaii	Humana Insurance Company	Humana Gold Choice PFFS H1804-245 (H1804-245)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hawaii	Humana Insurance Company	Humana Gold Choice PFFS H1804-246 (H1804-246)	PFFS	\$20.00	\$17.40	\$0	Enhanced		•
Hawaii	Kaiser Foundation Health Plan, Inc. (Hawaii)	Kaiser Permanente Senior Advantage (H1230-001)	Local HMO	\$114.00	\$7.00	\$0	Basic		•
Hawaii	SecureHorizons	MedicareComplete Choice Plan 3 (R3175-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Hawaii	SecureHorizons	MedicareComplete Choice Plan 5 (R3175-002)	Regional PPO *	\$0.00					
Hawaii	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Hawaii	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 55 (H5435-014)	PFFS	\$10.30	\$10.30	\$265	Basic		
Hawaii	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 100 (H5435-016)	PFFS *	\$99.00					
Hawaii	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hawaii	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Hawaii	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Hawaii	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Hawaii	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Hawaii	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Hawaii	WellCare	Concert (H1340-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hawaii	WellCare	Duet (H1340-003)	PFFS *	\$0.00					
Hawaii	WellCare	Summit (H1340-006)	PFFS	\$91.00	\$0.00	\$0	Enhanced		•
Honolulu	AlohaCare	AlohaCare Advantage (H5969-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Honolulu	Health Net	Health Net Pearl Option 3 (H5996-005)	PFFS *	\$0.00					
Honolulu	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	\$79.00					
Honolulu	HMSA's 65C Plus	65C Plus Basic Option (H1251-001)	Cost *	\$74.85					
Honolulu	HMSA's 65C Plus	65C Plus High Option (H1251-002)	Cost *	\$86.80					
Honolulu	HMSA's 65C Plus	65C Plus Basic Option SRx (H1251-003)	Cost	\$103.75	\$28.90	\$265	Basic		•
Honolulu	HMSA's 65C Plus	65C Plus High Option SRx (H1251-004)	Cost	\$115.70	\$28.90	\$265	Basic		•
Honolulu	HMSA's 65C Plus	65C Plus Basic Option ERx (H1251-007)	Cost	\$165.35	\$90.50	\$0	Enhanced	All Formulary Drugs	•
Honolulu	HMSA's 65C Plus	65C Plus High Option ERx (H1251-008)	Cost	\$177.30	\$90.50	\$0	Enhanced	All Formulary Drugs	•
Honolulu	Humana Insurance Company	Humana Gold Choice PFFS H1804-245 (H1804-245)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Honolulu	Humana Insurance Company	Humana Gold Choice PFFS H1804-246 (H1804-246)	PFFS	\$20.00	\$17.40	\$0	Enhanced		•
Honolulu	Kaiser Foundation Health Plan, Inc. (Hawaii)	Kaiser Permanente Senior Advantage (H1230-001)	Local HMO	\$114.00	\$7.00	\$0	Basic		•
Honolulu	SecureHorizons	MedicareComplete Choice Plan 1 (H5424-001)	Local PPO	\$0.00	\$0.00	\$0	Enhanced		•
Honolulu	SecureHorizons	MedicareComplete Choice Plan 2 (H5424-003)	Local PPO *	\$0.00					
Honolulu	SecureHorizons	MedicareComplete Choice Plan 3 (R3175-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Honolulu	SecureHorizons	MedicareComplete Choice Plan 5 (R3175-002)	Regional PPO *	\$0.00					
Honolulu	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Honolulu	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 100 (H5435-016)	PFFS *	\$99.00					
Honolulu	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Honolulu	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Honolulu	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					

## Hawaii 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Honolulu	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Honolulu	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Honolulu	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Honolulu	WellCare	Concert (H1340-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Honolulu	WellCare	Duet (H1340-003)	PFFS *	\$0.00					
Honolulu	WellCare	Summit (H1340-006)	PFFS	\$91.00	\$0.00	\$0	Enhanced		•
Kalawao	Aetna Medicare	Aetna Medicare Open Plan (H5736-002)	PFFS	\$80.00	\$21.80	\$265	Basic		
Kalawao	AlohaCare	AlohaCare Advantage (H5969-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Kalawao	HMSA's 65C Plus	65C Plus Basic Option (H1251-001)	Cost *	\$74.85					
Kalawao	HMSA's 65C Plus	65C Plus High Option (H1251-002)	Cost *	\$86.80					
Kalawao	HMSA's 65C Plus	65C Plus Basic Option SRx (H1251-003)	Cost	\$103.75	\$28.90	\$265	Basic		•
Kalawao	HMSA's 65C Plus	65C Plus High Option SRx (H1251-004)	Cost	\$115.70	\$28.90	\$265	Basic		•
Kalawao	HMSA's 65C Plus	65C Plus Basic Option ERx (H1251-007)	Cost	\$165.35	\$90.50	\$0	Enhanced	All Formulary Drugs	•
Kalawao	HMSA's 65C Plus	65C Plus High Option ERx (H1251-008)	Cost	\$177.30	\$90.50	\$0	Enhanced	All Formulary Drugs	•
Kalawao	Humana Insurance Company	Humana Gold Choice PFFS H1804-245 (H1804-245)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Kalawao	Humana Insurance Company	Humana Gold Choice PFFS H1804-246 (H1804-246)	PFFS	\$20.00	\$17.40	\$0	Enhanced		•
Kalawao	SecureHorizons	MedicareComplete Choice Plan 3 (R3175-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Kalawao	SecureHorizons	MedicareComplete Choice Plan 5 (R3175-002)	Regional PPO *	\$0.00					
Kalawao	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Kalawao	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Kalawao	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Kalawao	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Kalawao	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Kalawao	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Kalawao	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Kauai	AlohaCare	AlohaCare Advantage (H5969-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Kauai	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	\$79.00					
Kauai	HMSA's 65C Plus	65C Plus Basic Option (H1251-001)	Cost *	\$74.85					
Kauai	HMSA's 65C Plus	65C Plus High Option (H1251-002)	Cost *	\$86.80					
Kauai	HMSA's 65C Plus	65C Plus Basic Option SRx (H1251-003)	Cost	\$103.75	\$28.90	\$265	Basic		•
Kauai	HMSA's 65C Plus	65C Plus High Option SRx (H1251-004)	Cost	\$115.70	\$28.90	\$265	Basic		•
Kauai	HMSA's 65C Plus	65C Plus Basic Option ERx (H1251-007)	Cost	\$165.35	\$90.50	\$0	Enhanced	All Formulary Drugs	•
Kauai	HMSA's 65C Plus	65C Plus High Option ERx (H1251-008)	Cost	\$177.30	\$90.50	\$0	Enhanced	All Formulary Drugs	•
Kauai	Humana Insurance Company	Humana Gold Choice PFFS H1804-245 (H1804-245)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Kauai	Humana Insurance Company	Humana Gold Choice PFFS H1804-246 (H1804-246)	PFFS	\$20.00	\$17.40	\$0	Enhanced		•
Kauai	SecureHorizons	MedicareComplete Choice Plan 3 (R3175-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Kauai	SecureHorizons	MedicareComplete Choice Plan 5 (R3175-002)	Regional PPO *	\$0.00					
Kauai	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Kauai	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Kauai	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Kauai	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Kauai	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Kauai	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Kauai	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Kauai	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Kauai	WellCare	Concert (H1340-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Kauai	WellCare	Duet (H1340-003)	PFFS *	\$0.00					
Kauai	WellCare	Summit (H1340-006)	PFFS	\$91.00	\$0.00	\$0	Enhanced		•
Maui	AlohaCare	AlohaCare Advantage (H5969-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•

## Hawaii 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Maui	HMSA's 65C Plus	65C Plus Basic Option (H1251-001)	Cost *	\$74.85					
Maui	HMSA's 65C Plus	65C Plus High Option (H1251-002)	Cost *	\$86.80					
Maui	HMSA's 65C Plus	65C Plus Basic Option SRx (H1251-003)	Cost	\$103.75	\$28.90	\$265	Basic		•
Maui	HMSA's 65C Plus	65C Plus High Option SRx (H1251-004)	Cost	\$115.70	\$28.90	\$265	Basic		•
Maui	HMSA's 65C Plus	65C Plus Basic Option ERx (H1251-007)	Cost	\$165.35	\$90.50	\$0	Enhanced	All Formulary Drugs	•
Maui	HMSA's 65C Plus	65C Plus High Option ERx (H1251-008)	Cost	\$177.30	\$90.50	\$0	Enhanced	All Formulary Drugs	•
Maui	Humana Insurance Company	Humana Gold Choice PFFS H1804-245 (H1804-245)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Maui	Humana Insurance Company	Humana Gold Choice PFFS H1804-246 (H1804-246)	PFFS	\$20.00	\$17.40	\$0	Enhanced		•
Maui	Kaiser Foundation Health Plan, Inc. (Hawaii)	Kaiser Permanente Senior Advantage (H1230-001)	Local HMO	\$114.00	\$7.00	\$0	Basic		•
Maui	SecureHorizons	MedicareComplete Choice Plan 3 (R3175-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Maui	SecureHorizons	MedicareComplete Choice Plan 5 (R3175-002)	Regional PPO *	\$0.00					
Maui	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Maui	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Maui	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Maui	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Maui	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Maui	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Maui	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Maui	WellCare	Concert (H1340-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Maui	WellCare	Duet (H1340-003)	PFFS *	\$0.00					
Maui	WellCare	Summit (H1340-006)	PFFS	\$91.00	\$0.00	\$0	Enhanced		•
Statewide	SecureHorizons	MedicareComplete Choice Plan 3 (R3175-001)	Regional PPO	\$0.00	\$0.00	\$0	Enhanced		•
Statewide	SecureHorizons	MedicareComplete Choice Plan 5 (R3175-002)	Regional PPO *	\$0.00					